

Supporting Information

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SI Methods

SI Array CGH Statistical Methods

Array Segmentation and Copy Number Estimation. Each chromosome in each sample was divided into segments of similar log ratios according to the DNACopy algorithm in bioconductor (www.bioconductor.org) (1), with alpha set to 0.1. For each array we plotted the average log ratio of each segment versus its length in probes [supporting information (SI) Fig. S1], identifying repeated long segments with similar average log ratios that likely represented different integer copy numbers. We modeled the segment averages according to the following formula (2) assuming the normal cells from the test and reference samples have copy number 2.

$$M_i = \log_2 \left(\frac{2 + p(c_i - 2)}{2} \right) + d + \frac{\varepsilon_i}{\sqrt{n_i}}$$

where M_i is the segment average, c_i is the true copy number for that segment, n_i is the number of probes in the segment, and ε_i is a mean 0 random error of the segment. The quantities p and d as well as the variance of ε_i are tuning parameters that were estimated separately for each array based on the plot of segment average versus segment probe number. Inverting this formula with the fitted tuning parameters, we arrive at the following estimate of copy number of each segment:

$$\hat{c}_i = 2 + \left(\frac{2^{M_i + 1 - d} - 2}{p} \right)$$

The normal reference DNA that was used was from a single male individual. To control for copy number variants in this reference, we performed hybridizations comparing this reference DNA with a pool of normal DNAs (Promega). This procedure identified short regions of copy number variation in the reference. Any segments in the experimental tumor samples that overlapped with 1 of these regions of copy number change in the reference were excluded from analysis.

Identification of Recurrent Abnormalities. We considered 4 classes of abnormal segments based on their estimated copy number

1. Single copy deletion ($\hat{c}_i < 1.5$)
2. Double copy deletion ($\hat{c}_i < 0.5$)
3. Gain of copy number ($\hat{c}_i > 2.5$)
4. Amplification ($\hat{c}_i > 3.5$)

Additionally a segment is called wild type, if ($1.5 < \hat{c}_i < 2.5$). For each of these 4 abnormality classes, we looked for recurrent abnormalities of each of the following 4 types:

1. Abnormal chromosome arm
2. Abnormal whole chromosome
3. Short recurrent abnormality (SRA)
4. Long recurrent abnormality

These types were derived as follows. A sample was defined as having an abnormal chromosome arm of a particular class (e.g., deletion or gain) if abnormal segments of that class covered more than 60% of the arm in that sample. An arm was defined as wild type if wild-type segments covered more than 95% of the arm.

A sample was defined as having an abnormal whole chromosome if it was found to be abnormal in both arms. A sample was

defined as wild type for an entire chromosome if it was wild type for both chromosome arms.

SRAs were identified in a manner similar to the identification of minimal common regions (MCRs), as described previously (3). For illustration purposes, we describe how recurrent deleted regions were identified. The identical method was repeated for other classes of abnormality.

1. If 2 deleted segments on the same sample were separated by a gap shorter than 500 kb, and this gap was shorter than both the deleted segments on either side of the gap, then the gap was closed to generate a single longer deleted segment.
2. Deleted segments greater than 25 Mb were considered uninformative and were eliminated.
3. The chromosomal location that was covered by the largest number of deleted segments in different samples was identified. Those deleted segments were called the “overlapping group” of that location.
4. A deletion SRA then was defined by a core region that contained the chromosomal locations that were covered by at least two-thirds of the deleted segments in the overlapping group. An extended region was identified that consisted of the chromosomal locations that were covered by at least one-third of the deleted segments in the overlapping group.
5. A sample was declared to exhibit the deletion SRA if it was a member of the overlapping group. A sample was declared wild type for a SRA if wild-type segments covered more than 95% of the extended region.
6. Steps 1–5 were repeated, considering only locations that were not part of the extended region of any previously identified SRA and that included 2 or more samples in their overlapping group.

Long recurrent abnormalities were defined similarly, with the following exceptions. The algorithm for a long recurrent deleted region was

1. In step 1, all gaps < 10 Mb that were flanked by deleted segments at least 1.5 times their length were closed.
2. In step 2, segments < 15 Mb, as well as segments that were part of an abnormal chromosomal arm, were considered uninformative and were eliminated.

In our analysis, all 4 classes of abnormalities were combined under the term MCR, and the core region was used to define the extent of the MCR.

Refining Recurrent Abnormalities with Gene Expression. To define a list of recurrent abnormalities that influenced gene expression, we performed a permutation test as follows.

1. Consider all genes that are in the extended region of the recurrent abnormality or, in the case of arms and whole chromosomes, those that are located on the arm or on the chromosome.
2. For each gene calculate a 1-sided t test p -value for a difference in gene expression between the samples that exhibit the recurrent abnormality and those that are wild type for that abnormality, in the direction of increased gene expression being associated with increased copy number. If more than 1 probe set is available for a given gene, use the set that results in the lowest p -value.
3. Generate a statistic equal to the sum of the $-\log(p\text{-values})$ for the genes in the extended region.

4. Randomly permute the gene expression values and repeat steps 1–3 1000 times.
5. Consider only the MCRs for which the unpermuted statistic is > 90% of the same statistics calculated with the permuted data.

General Statistical Methods. The statistical significance of differences in MCR frequency between subtypes was calculated using a Fisher's exact test. Statistical significance for the relationship between survival and MCRs was calculated by comparing the survival of samples that exhibited an MCR with the survival of samples that were designated as wild type using a log-rank test.

SI Experimental Methods

Real-Time Quantitative PCR. Real-time quantitative PCR was used to evaluate copy number alterations detected by array CGH as

described previously (4, 5). The genomic copy number of *SPIB* and *INK4a/ARF* was determined relative to the control genes *B2M*, and *PRKCQ* (Table S4).

Each assay was analyzed by the comparative cycle threshold method, using the arithmetic formula provided by the manufacturer. To determine the cut-off values for a genomic gain/amplification/single-copy deletion/homozygous deletion, 6 DNA samples from peripheral blood of healthy individuals were studied. The cut-off ratios for gain/amplification/single-copy deletion/homozygous deletion were determined as described previously (4, 5).

1. Venkatraman ES, Olshen AB (2007) A faster circular binary segmentation algorithm for the analysis of array CGH data. *Bioinformatics* 23:657–663.
2. Fridlyand J, Snijders A, Pinkel D, Albertson D, Jain A (2004) Hidden Markov models approach to the analysis of array CGH data. *J Multivar Anal* 90:132–153.
3. Tonon G, et al. (2005) High-resolution genomic profiles of human lung cancer. *Proc Natl Acad Sci USA* 102:9625–9630.
4. Bea S, et al. (2005) Diffuse large B-cell lymphoma subgroups have distinct genetic profiles that influence tumor biology and improve gene-expression-based survival prediction. *Blood* 106:3183–3190.
5. Rosenwald A, et al. (2003) The proliferation gene expression signature is a quantitative integrator of oncogenic events that predicts survival in mantle cell lymphoma. *Cancer Cell* 3:185–197.

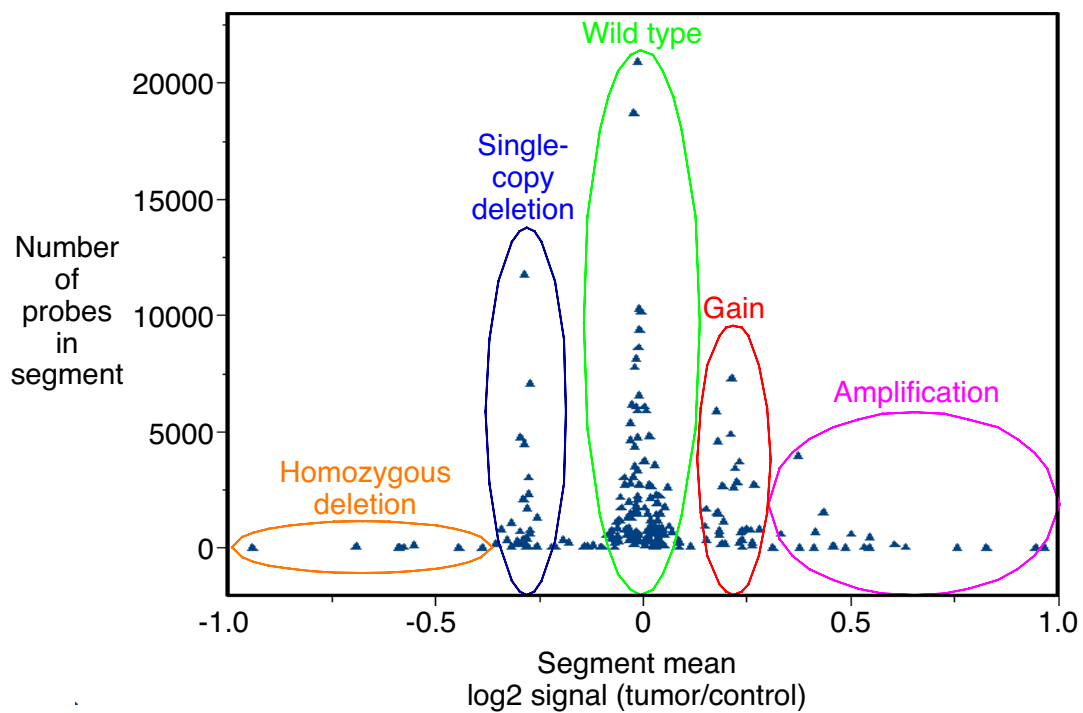
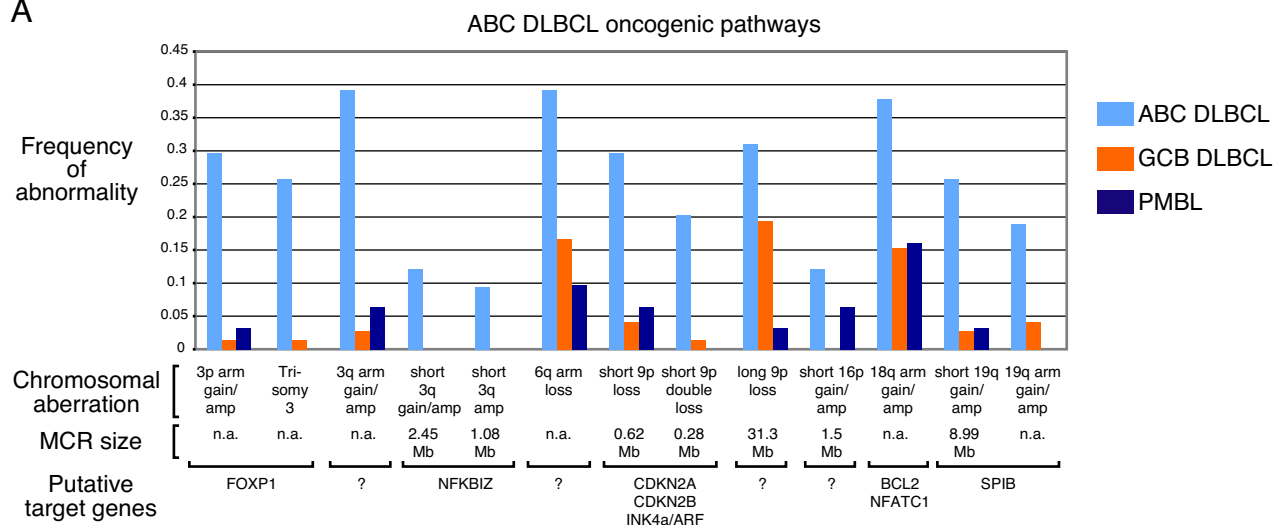
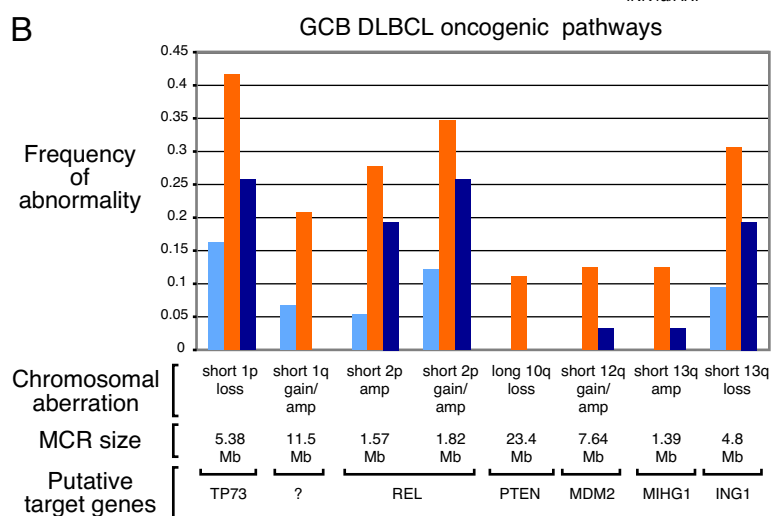


Fig. S1. Division of aCGH data into segments and classification of segments into single-copy deletion, homozygous deletion, single-copy gain, amplification, or wild type.

A



B



C

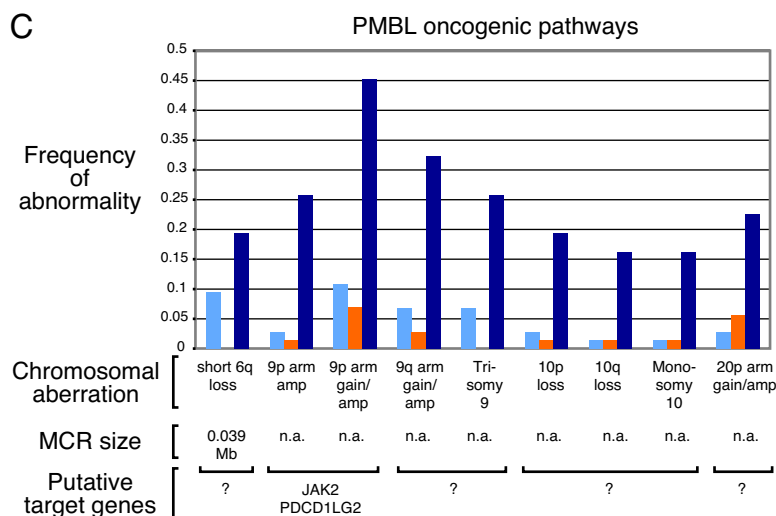


Fig. S2. (A) Complete panel of ABC DLBCL-specific genomic aberrations detected by aCGH. (B) Complete panel of GCB DLBCL-specific genomic aberrations detected by aCGH. (C) Complete panel of PMBL-specific genomic aberrations detected by aCGH.

Fig. S3. (A) Deletion of *INK4a/ARF* locus detected by aCGH. (B) Quantitative real-time PCR of *INK4a/ARF* locus. Samples with homozygous deletion of *INK4a/ARF* locus have significantly lower relative genomic copy number than normal controls with wild-type locus. (C) Amplification of *SPIB* locus detected by aCGH. (D) Quantitative real-time PCR of *SPIB* locus. Samples with gain/amplification of *SPIB* locus have significantly higher relative genomic copy number than normal controls with wild-type locus.

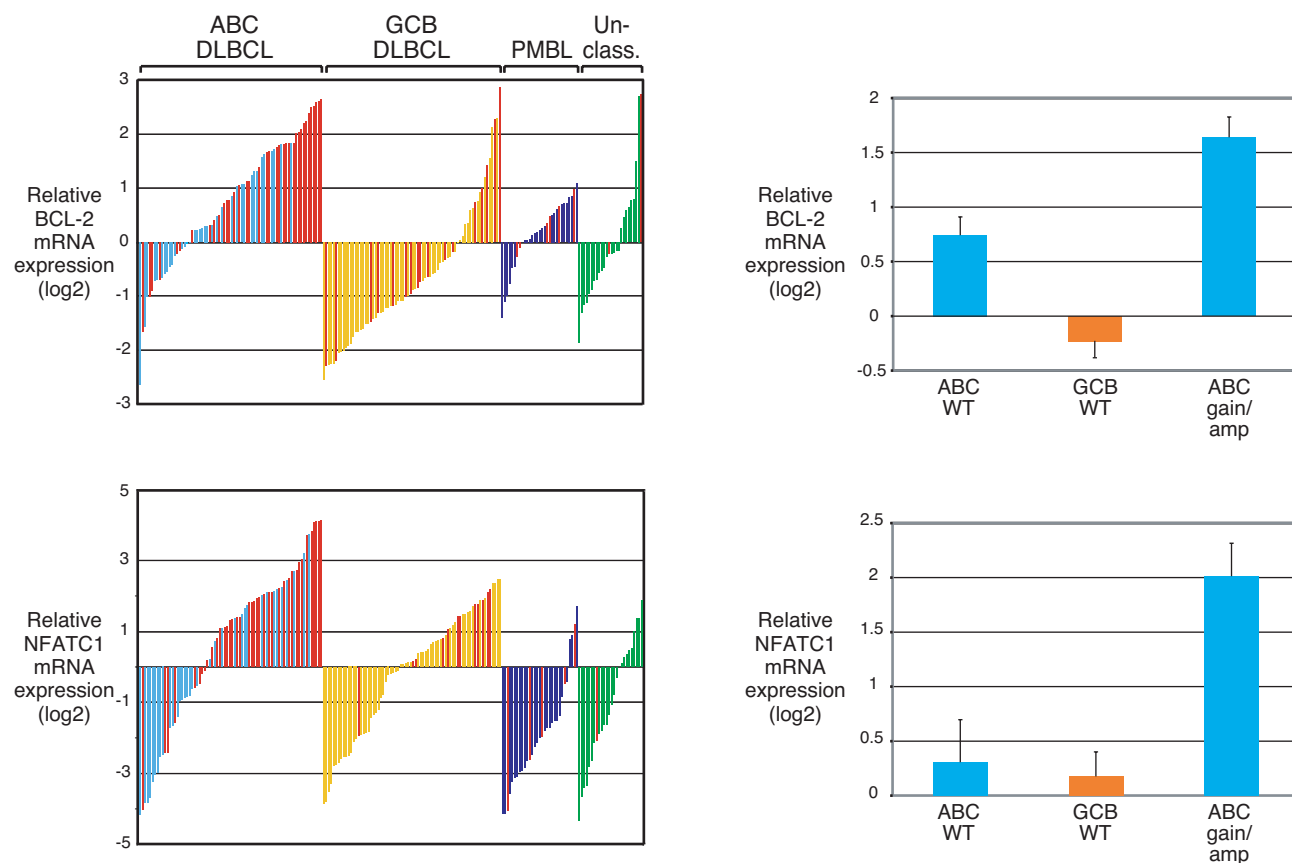


Fig. S4. Candidate oncogenes and tumor suppressors in DLBCL identified by aCGH. The left panels show the expression levels of the candidate gene in each case, with red bars indicating cases with the aberration. The right panels show the average expression of the candidate gene in cases grouped as indicated. (A) and (B) *BCL2* and *NFATC1* are candidate oncogenes associated with gain/amplifications of 18q in ABC DLBCL

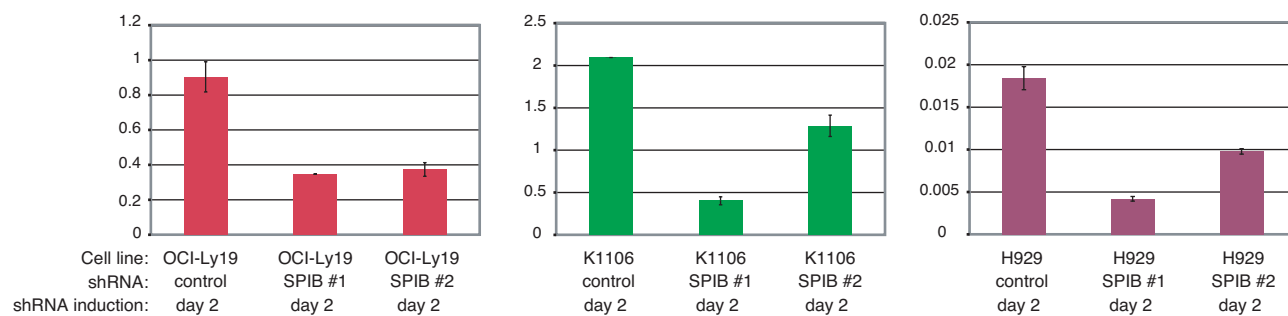


Fig. S5. Quantitative PCR analysis of *SPIB* mRNA 48 h following induction of *SPIB* shRNAs in indicated cell lines.

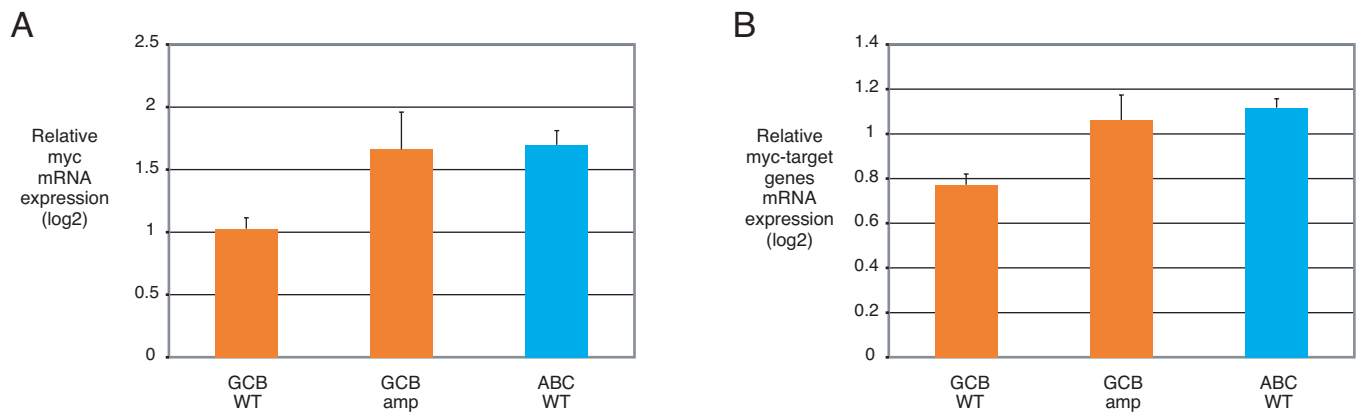


Fig. S6. (A) Average *myc* expression in cases grouped as indicated. (B) Average *myc* target gene signature expression in cases grouped as indicated.

Table S3. MCRs associated with overall survival in DLBCL

Type of aberration*	Chromosomal location [†]	Start core [‡]	End core [§]	MCR peak [¶]	n	DLBCL (%)**			Hazard ratio	Survival P value ^{††}	Survival FDR ^{††}
						ABC	GCB	PMBL			
Gain/amplification	3q	126.420189	126.657072	126.562637	16	12.1	4.2	6.5	3.17	0.0002	0.006
Amplification	3q	126.430781	126.657072	126.562637	8	6.8	2.8	3.2	4.91	0.0001	0.006
Gain/amplification	3p	0.0352	90.391956	n.a.	25	29.7	1.4	3.2	2.78	0.0001	0.006
Gain/amplification	3q	95.011055	199.385052	n.a.	35	39.2	2.8	6.5	2.7	0.00008	0.005
Gain/amplification	Trisomy 3	0.0352	199.385052	n.a.	21	25.7	1.4	0	3.55	0.00002	0.004
Deletion	9p	21.683466	22.305714	21.925713	28	29.7	4.2	6.5	2.68	0.00005	0.004
Gain/amplification	15q	69.894255	70.159074	70.02232	17	9.5	8.3	6.5	3.12	0.0001	0.006
Gain/amplification	18q	43.534181	76.119354	49.634237	9	10.8	1.4	0	5.09	0.00002	0.002

*Type of aberration: type of MCR (deletion, double deletion, gain/amplification, or amplification).

[†]Chromosomal location: chromosomal location of MCR.

[‡]Start core: start of core MCR region in megabases.

[§]End core: end of core MCR region in megabases.

[¶]MCR peak: location of MCR peak in megabases.

^{||}n, absolute number of samples with MCR

**DLBCL%: percentage of samples in each DLBCL subtype (ABC DLBCL, GCB DLBCL, PMBL) with MCR.

^{††}Survival p-value: p-value of association between MCR and overall survival.

^{††}Survival FDR: false discovery rate of association between MCR and overall survival.

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Other Supporting Information Files

Lenz et al. www.pnas.org/cgi/content/short/0804295105